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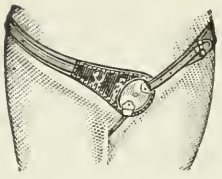

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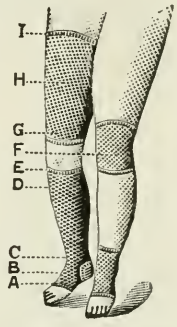

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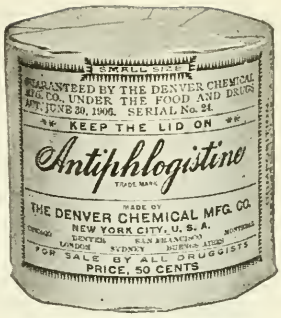
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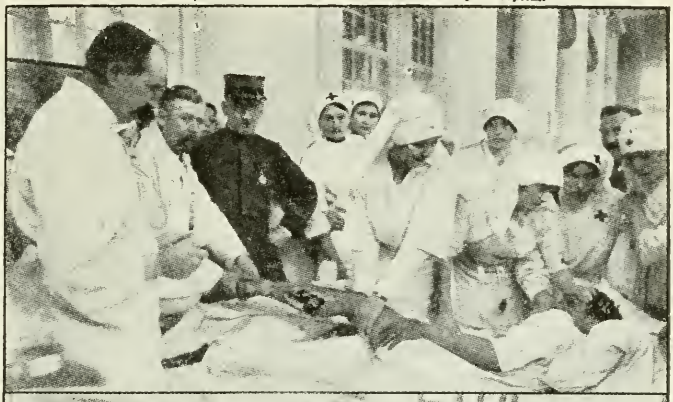

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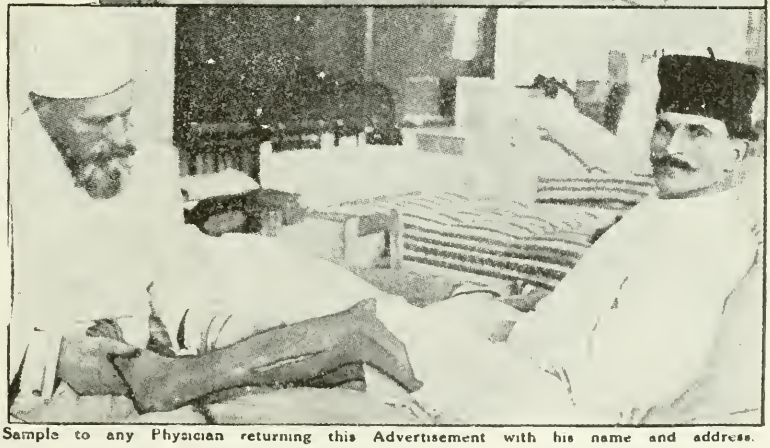

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MARYLAND
MEDICAL JOURNAL
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THE CANCER PROBLEM.*

By William J. Mayo.

Cancer in its inception is a local disease, and if removed at that time is curable. Let us, therefore, bend all our efforts toward the recognition of the disease while in the curable stage.

In Germany a cancer propaganda comparable to the tuberculosis work conducted in America has led to marvelous results. A much higher percentage of cancer victims reaches the surgeon in time for operation there than we are accustomed to see in our own country. It is estimated that, as a result of the tuberculosis campaign in the United States, 20,000 lives that were formerely sacrificed to the disease are now saved each year. The laity must be educated in regard to cancer as they are being educated regarding tuberculosis, and, fortunately, means have recently developed that will be exceedingly helpful in extending the educational influence of the medical profession in this respect.

The great majority of people believe cancer to be essentially an incurable malady. I venture to say that, if one were to go into the street and talk with ordinarily well-informed citizens, he would find the conviction among them that cancer is incurable, and the few who, in their personal observation, had been cured, were regarded as the exception and not the rule. This view, I am sorry to say, is shared by many medical practitioners of the older school. Why has the public become so confirmed in the belief that cancer is incurable, and how has this pessimism been fostered? In no small degree for the following reasons:

Heredity.—Perhaps one of the most unfortunate results of a logical inquiry into the influence of heredity on the causation of cancer has been the encouragement of a belief that cancer is a hereditary disease, and therefore carries a stigma with it. The person who has been successfully operated on for cancer conceals the nature of his malady with the same solicitude he would probably conceal the fact that he had "done time" in a penitentiary. He does not wish his business world to know it, fearing that it would be looked upon as an obstacle to his career. Moreover, he does not wish his family to go through life thinking they are predisposed to this disease because he has had it. The result is that of the hundreds of patients who have had cancer and who have been cured by operative means the public knows little or nothing, while those who have had cancer and been operated on without

*Substance of the address given in Baltimore May 10, 1915.

success are known to all. The community remembers only too well the suffering of the victim and the dreadful end. The subject is discussed throughout the neighborhood, and too frequently the operation is confused with the disease, prejudicing people against surgical relief.

Is there any justification for the view that cancer is hereditary? So far as I know, there is but little evidence that would lead to this belief. We know that overwork, worry and bad nutrition, or what may be called general unhygienic conditions, will so affect the tissues of certain families as to break down their resistance to tubercle bacilli. It is possible that, in this sense, there may be families whose tissues, subjected to chronic irritation, may be more liable to develop the disease than the average individual. But even this is purely problematic, and by no means proved.

I have often been told of instances in which members of the same family have suffered from cancer at about the same time, and these coincidences are held of great weight. Yet these combinations may arise at any time, just as a card-player may occasionally hold four aces or a royal flush; such hands are not due to chance, but to mathematical laws. This is equally true of so-called "cancer houses" and "cancer towns." Always, when carefully investigated, the facts concerning such places do not bear out the assertions concerning them. Small towns in older settled countries have more cancer than new towns, for they have more people of a cancer age, the younger people having left for new fields.

The medical profession has done much to engender the belief in the heredity of cancer. The person supposed to be suffering from the disease is closely questioned regarding this point, and in such way as to lead him to believe that it is an exceedingly important fact. A good history should take heredity into consideration, but we should tell the patient and the family that, at the present time, there is no proof to warrant the belief that cancer is hereditary.

Hoffman, statistician of the Prudential Insurance Co. of America, has carefully investigated the insurance mortuary records of this country, and denies that there is the slightest evidence presented in these enormous statistics to warrant the belief that heredity plays any part in the development of cancer.

Syphilis.—I have seen not over two dozen cases in which a good diagnostician would mistake syphilis for cancer; yet the liability to this mistake has been dwelt upon and greatly magnified, and many individuals have advanced from the curable to the incurable stage while an effort was being made through antiseptic treatment to eliminate the possibility. The patient perhaps presents himself with cancer of the rectum. His family physician dislikes to suggest to him a mutilating radical operation. He thinks over the cancers of the rectum that he has known to have been operated on, and the record has probably been most unfortunate. The patients have been subjected to formidable operations, left with uncontrollable evacuations, and later have succumbed to the disease. The

physician hopes against hope that it may be syphilis. He knows that it is often impossible to obtain a history of syphilis, or that it may have been accidentally acquired. The patient is in the early stage of cancer—quite curable—but since he has only a small focus of disease, it would be a terrible thing to subject him to a mutilating operation. Therefore, the physician advises a prolonged course of antisyphilitic treatment. He eventually is confronted by the fact that it is not syphilis, and, in the meantime, the patient has passed from the curable to the incurable stage. Operation is then advised, and is done, with the usual result.

The Wassermann reaction has, fortunately, come to our aid and to the patient's rescue. It is no longer legitimate to subject a patient to a prolonged course of diagnostic antisyphilitic treatment. We should know at once whether or not it is syphilis, and in this way "maybe it is syphilis" will not have the disastrous effect it has had in the past.

Not Lack of Knowledge, but Lack of Examination.—Mistakes in diagnosis from lack of careful examination is the most common cause of failure to recognize malignant disease in time for a curable operation. Many diagnosticians make one or two physical examinations, but fail to continue to make them. If we are to protect our patients from misfortune, such examinations must be repeated as long as we have charge of the case. Who has not had the humiliation of having the patient first call his attention to a tumor that had developed sufficiently to be palpable since the last examination? The development of asepsis has brought about an aseptic conscience. The examining physician often hesitates to make the necessary examination because it involves soiling the finger. This is especially true of the rectum. Fifteen per cent. of the patients who come to us with cancer of the rectum have been recently operated on for hemorrhoids or treated for stricture. It is true that the patients had one or both of these conditions, but they also had a cancerous growth, and in each one of these patients the growth was in easy reach of the examining finger, and could have been recognized by the sense of touch alone. How easy it is to carry a few thin finger-cots in the pocket, so that such an examination can be aseptically carried out. The very presence of cots in the pocket suggests their use.

Inefficient Operations.—In this connection I come to a delicate subject, but one which I feel should be touched upon. There is too high a percentage of patients with cancer subjected to inefficient operation by inexperienced men. Because the disease is early, it appears as though it might be easily cured, and men who would not for one instant think of operating where a radical operation was to be done will often make a small operation—which is futile and hopeless—and thus sacrifice the life of their patient, because it is in this early curable stage that the operation should be most carefully carried out.

The surgeon has had a great share in creating the feeling of hopelessness which exists among the laity, and has often discouraged the general practitioner by his unwarranted attempts at radi-

cal procedures in plainly incurable disease or extensive palliative operations which fail to palliate. We have all witnessed extensive radical operations for hopeless cancer and, after a terrific and futile operation had been completed, have heard the surgeon say, "Oh, well, it was hopeless, anyway." But does that justify us? I am sure that, if surgeons were never to make another palliative operation for cancer, thousands of lives would be saved that are now lost through delay. The laity knows that such a patient was operated on, and that he died a horrible death, but it does not know that the operation was a palliative one, and it confuses in its mind the last stages of the disease with all its sufferings with the operation rather than with the disease. Far better that the patient go home and tell the family and friends that it is too late for operation; then the suffering and death will leave no such confusion in the minds of the people of the neighborhood. They see just what the disease has done, and from that neighborhood patients will come early, in contradistinction to the hopeless patients with inoperable disease who drift in from communities where too late or palliative operations have been the practice.

Do not understand me as saying that palliative operations should not be done. It is our duty to look after the individual and to do our best for him, but before we do a palliative operation, and especially before we do a mutilating operation, let us answer this question: "Will the palliation which the patient receives be worth to him the pain, the detention from his family and the expense?" Or, better yet, let us bring it home and say to ourselves: "Would I allow one of my family to be subjected to this formidable operation with such slight prospects of cure or alleviation?"

Non-operative Methods.—If late and palliative operations for cancer promise so little, have we any other recourse to relieve such patients? In this connection I have been interested in investigating the results achieved by radioactive substances—Roentgen X-ray, mesothorium, and especially radium—in the cure or palliation of cancer. I have talked with many men of experience in the great clinics, and few have exhibited faith in the curative properties of these agents in deep-seated or advanced growths, although all have seen superficial growths cured. It is evident that radioactive substances have a greater influence in sarcoma than in carcinoma, but, strange to say, few cases of sarcoma have been reported in which the cure has lasted as long as four years. It would seem, therefore, that these agents are capable of curing permanently small superficial carcinomas and of causing to disappear about 30 per cent. of sarcomas. As palliation is often marked and of long duration, and the use of radioactive substances subjects the patient to little discomfort, the field of application in such cases is broad. *But these agents should not be used in early growths curable by operation!*

The use of heat in cancer is an ancient practice. Ordinarily applied as a destructive agent by actual cautery, it is the only non-operative means which has stood the test of time. We are in-

debted to Percy for a scientific exposition of the value of heat, demonstrated both experimentally and clinically. He uses an electrocautery with a controlling rheostat, and operates through specula lined with chambers for the continuous flow of cold water to limit the application. Many observers have shown that the embryonic cell, such as the cancer-cell, has less vitality than the mature normal cell, and is especially affected injuriously by heat. The actual difference between the cancer-cell and the normal cell in ability to withstand heat has not been determined, but is probably from 15° to 30°. Percy demonstrated that heat could be made to penetrate deeply into the cancerous tissues, exerting a selective action by keeping in the range of this marginal difference. The cautery kills both the normal and the diseased cells, and in so doing develops a charcoal core which insulates the tissues against heat as though it were asbestos. Heat should be used, therefore, not as a cautery, but raised to such a degree as to coagulate the embryonic cells, and this effect, by a slow cooking process, may be made to reach out into the tissues, destroying the embryonic cells, far in advance of its effect on the normal tissues. It is the scientific application carried to its logical conclusion of the only agent besides the knife that has retained its reputation throughout the history of medicine. So far as our experience goes, this method, applicable to a large variety of carcinomas in various situations, forms a palliation with prospect of cure in a group of cases in which the knife has been inefficient.

Improved Methods of Diagnosis.—How fortunate it is that there have recently been such additions to our diagnostic methods! The Roentgenogram has added enormously to our ability to see into the hidden places of the body. This remarkable agent must be classed with microscopic pathology as developed by John Hunter, with the development of the natural sciences due to the work of Darwin and Wallace, and with the germ origin of disease as advanced by Pasteur and Lister. Roentgen's work has reformed diagnostic methods, it has replaced speculation with facts, and yet we are only in the daguerreotype stage of Roentgen ray photography. By this means we are now able to determine the nature of many obscure diseases of the digestive tract. For instance, in cancer of the stomach we can make, largely by the Roentgen ray, an early diagnosis in 93 per cent. of the cases.

It is true that we had, in the exploratory incision, a means of fairly exact diagnosis in such cases, but this procedure carried with it a dread to the patient of an unnecessary operation, and too frequently developed the fact that it was too late for operation. The Roentgenogram, therefore, gives us knowledge of the early case, so that we may operate with a prospect of cure, and may also save the patient the distress of an unnecessary exploration and ourselves the humiliation of making it.

The results of operations for malignant disease have enormously improved within the last 10 years, and much of this improvement must be credited to the clinical pathologist. Where we formerly worked under the influence of the eye and hand, we

are now working under the influence of the microscope. The *frozen section* enables us to see the innermost nature of the diseased tissue during the progress of the operation, while the knowledge is of the greatest value to the patient. The development of diagnosis by means of the frozen section has been somewhat slow. The pathologist, trained in the preceding generation, had learned to recognize certain artefacts in the tissues and to feel lost unless he found them. There is as much difference between the living tissues studied in the immediate frozen section and the tissues studied after several days of preparation as between surgery on the living and dissection on the cadaver.

It has been necessary to develop an entirely new technic and understanding of living microscopic pathology comparable to what we have experienced regarding the development of gross pathology of the living as contrasted with post-mortem pathology. I often hear clinical men say they would rather trust to their clinical experience than to the microscope. If it be true, I would I had their knowledge. I can only say that, of all aids toward improving the actual results of operation, none has been of more value to me than the frozen section.

Prophylaxis of Cancer.—Taking all things into consideration, I think we may look upon the future of the cancer problem with hope. We are advancing rapidly in our ability to recognize the nature of the process early, and we see the lines of progress distinctly.

We do not as yet know the actual cause of cancer, but we do know that it has its soil in a disturbance of the protective mechanism, usually of the skin or the mucous membrane of the body. And this is as true of cancer in the lower animals as in man. All vertebrates suffer from cancer always in situations in which their habits expose them to chronic irritation. The horncore cancer in the cattle of India is due to the irritation of ropes through a hole bored in the center of the horn near the skull, with which they pull their load. Fibiger accidentally found that the sugar warehouse rats from America often had cancer of the stomach, and others a curious type of chronic gastric inflammation. He found that these rats often eat cockroaches, but was unable to produce these effects with the cockroach which was indigenous in Denmark, but that rats fed upon the American cockroach often developed the disease, and that American cockroaches were infected with nematodes. These worms bore their way into the mucosa of the gastric membrane and areas of chronic irritation result, some of which become carcinomatous.

In considering human beings, the evidence as to the relation of chronic irritation to the development of cancer is overwhelming. The woman with myomas of the uterus is many times more liable to cancer of the body of the uterus than are those without these tumors. Fifty per cent. of the carcinomas of the pelvis and calyces of the kidney are associated with stone in the kidney. At least 20 per cent. of carcinomas of the sigmoid have their origin in diverticulae. Gall-stones are found in at least 85 per cent. of

all carcinomas of the gall-bladder. Ulcer or some chronic irritation of the stomach occurs in half of all gastric carcinomas.

There are many well-known illustrations of the fact that chronic irritation from heat disturbs the epithelium, thus making malignant disease possible. It has been shown that when a considerable quantity of fluid is taken into the stomach it passes by the canalis gastricus along the lesser curvature and directly to the duodenum without mixing with the food mass in the fundus. This is exactly the situation of 85 per cent. or more of all ulcers and cancers of the stomach and ulcers of the duodenum. Food is cooled during mastication, but liquids are often swallowed hotter than can be borne comfortably in the mouth. One cannot help thinking that hot drinks may be one of the most important irritative causes of chronic ulcer and precancerous lesions. Extreme cold may have the same effect. Primitive men and animals do not take their drinks hot, and seldom have gastric cancer.

That the habits of man predispose to cancer cannot be questioned. Cancer of the groin in the chimney-sweep and sailor is due to riding on the rope sling in the course of their work. Eighty-five per cent. of cancers of the lip are in men who smoke. The Kangriburn cancer from which the natives of Kashmir suffer, and which are in excess of 50 per cent. of the total number of cancers seen in Kashmir, is due to the skin irritation of the charcoal baskets filled with hot coals which they carry on the lower abdomen. The cancer in the mouth of the betel-nut chewer comprises more than 50 per cent. of all the cancers in certain parts of India. Chinese men are very subject to cancer of the posterior wall of the pharynx, due to the hot rice which they eat; the women eat at the second table, when the rice is cold, and are not thus afflicted.

Co-operation of the public is essential if we are to have the full benefit of our present knowledge. To say to laymen that cancer is curable in the early stage is not sufficient. They have no knowledge of what constitutes the early stage. Is it possible for us to teach them the nature of those influences which we know by experience may lead to the development of cancer, and if so, should they be taught *prophylaxis* as well as those indications which show that the disease has developed? No one has yet seen a cancer of the skin or visible mucous membrane of the body which was not preceded by some form of chronic irritation. Investigation of the inner surfaces of the body reveals the same conditions always preceding cancer. Let us, therefore, say to the public: "Go to your physician at once on the discovery of any sign or symptom of irritation about warts, moles and benign tumors or ulcerations, chronic inflammatory processes, or injuries, however slight, which fail to heal promptly."

When the laity understand that all sources of chronic irritation carry with them a deadly significance, the prevention of cancer will have been greatly advanced and the percentage of curable cases which come to the only known cure—operation—will be enormously increased.

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By Ernest Zueblin, M.D.,

Professor of Medicine at the University of Maryland.

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THE therapeutic results obtained in chronic arthritis are far from perfect in these obstinate conditions. The use of salicylates in high doses is often rendered impossible by gastric intolerance. So frequently, we have to resort to physical means, to actino-, helio-, thermo-, hydro- and electro-therapy. In the past few years radiotherapy has been recommended.

The action of high doses of radio-emanation by local, subcutaneous and general applications (baths) is better known.

E. Zueblin,[1] V. Noorden,[2] His,[3] Hovorka and Kronfeld,[4] Neusser,[5] Gottlieb,[6] V. Noorden and Falta,[7] Strasser,[8] Armstrong,[9] Strassburger,[10] Jansen,[11], Bernheim,[12] Falta and Freund,[13 14] Loewenthal, [15 16] Nagelschmidt,[17] Fuerstenberg,[18] Davidsohn,[19] Marckwald,[20 21] Kemen,[22] Aschoff,[23] Gudzent,[24 29] Glaessgen[30] Scholz,[31] Benczur,[32 33] Minkowski,[34] Plesch,[35] Burnham,[36] Lowe,[37] Goldberg[38] Mannes a. Wellmann,[39] Kable,[40] E. Fraenkel,[41] Georges,[24] Prich,[43] Bickel,[44] Laqueur,[45] Rowntree and Baetjer,[46] Fr. Proescher,[47] W. H. Cameron,[48] Bissell.[49]

Empirically the mineral waters have been used for these manifestations, giving relief to such patients. The use of radio-emanation in small doses as contained in mineral waters, however, may have been tried with more or less transient effect. The present paper deals with a few dispensary cases that received Mountain Valley water, which was found radioactive. In a former publication (E. Zueblin 50) I reported upon my quantitative determinations of the radioactivity of this water, whilst a clinical study of these cases should furnish some data as to the utility of substituting the salicylic acid by radioactive water.

No. 1. Mrs. S., aged 46, occupation housework, complained since many years, at least 15, of aching pains in her joints, wrists, shoulders; came to the dispensary with manifestations of exacerbating chronic arthritis. Wrists of both hands swollen, tender, with increased local temperature and reduction of motility. The index and middle finger on the right hand are deviated laterally, thickened and swollen in the metacarpo-phalangeal joints, capsule thickened, and cracking sounds noticed at movements; both tibio-tarsal joints are swollen, tender on touch, with lack of motion passively and actively. Knees also enlarged in size and swollen, tender capsule, slight accumulation of fluid, tenderness on touch, and reduction of motility.

*The water was furnished through the courtesy of the Mountain Valley Agency at Baltimore, to whom I wish to express my appreciation.

†Read before the Baltimore City Medical Society, March 5, 1915.

Heart.—No enlargement, but heart sounds indistinct, distant, without any murmurs, pulse accelerated, irregular, easily depressible. Patient was given sodium salicylate, 60-90 grs. per day, which medication was followed by hardly any improvement. Then the patient was put on Mountain Valley water, 4-6 glasses of 6 oz. each per day; after a few days some improvement was noticeable, generally charcterized by loss of tenderness and swellings in the examined joints. Patient continued using the water for about three months, during which time the improvement persisted. However, the patient noticed swelling of her feet and ankles, objectively slight edema of these regions was observed. The patient complained of dyspnea after exertion and palpitation of the heart, and the dose of water had to be reduced to one-half on account of the weak heart.

During that time the articular manifestations returned, the physical examination showed slight improvement of the joints previously described, with less swelling, improved motility without causing any pains. With a dose of tincture of digitalis, 10 minims three times a day, the pulse became more regular, shortness of breath and palpitation ceased. On account of a lessened amount of water a new relapse of her articular manifestations followed, so salicylates in the dose stated above were added to the water, and a slight improvement followed. Examined a few weeks later, in November, the following was observed:

Left hand, metacarpal bones 1-4 not so thickened and less tender on pressure. The first and second metacarpo-phalangeal joints were enlarged in the transverse diameter, and some reduction in the motility; moderate deviation to the outside of the phalanges; on the right side these changes were not so marked. Patient was given 5 minims of tincture of digitalis and only one-half bottle of Mountain Valley water a day.

Pulse was 57; slow, irregular, not very distinct. Blood pressure, systolic 112, diastolic 68. Patient complained of headaches. Left elbow capsule thickened, tender on pressure, with slight reduction of motility. The patient was then lost sight of, and has not appeared since.

It is our impression, with regard to this case of multiple chronic arthritis, that during the use of the water, subjectively and objectively, some improvements could be noticed, which change, however, did not last, as the water had to be reduced on account of the heart conditions.

No. 2. A. N., aged 49, occupation housework, white (No. 57,328 and 2544), October 23, 1913.

Married; parents dead; two brothers and two sisters living and well; 14 children well; one died nine years ago.

Previous diseases—Measles; malaria about 10 years ago; Grippe in 1911; no venereal diseases. In 1911 operated for appendicitis. Menstruation at 14 years, painful, accompanied by headaches; no alcoholism. Complains since March, 1913, of severe pains in her knees, which pains return at irregular intervals. No digestive disturbances except poor appetite; some leucorrhea.

Physical examination:

Heart and pulmonary findings negative. Both knees swollen, distended capsule, cracking sounds obtained on extension and flexion, more marked on the right side, tenderness on palpation of both internal menisci, both capsules present moderate tenderness over internal and upper cul de sac.

Medication—Sodium salicylate 10 grs. every four hours; Lady Webster pills No. 1 in the evening. Patient does not show any marked improvement. On November 6 swelling of ankles, with pains, notwithstanding continued salicylate medication. On November 18 salicylate medication was substituted by 5 grs. aspirin every three hours. On the 22d pulse is irregular, no improvement of joints objectively, no additional findings obtained.

Patient was started on 8 oz. of Mountain Valley water four times daily. On November 28 a slight improvement of pains was reported, so the same water treatment was continued. On December 13 a slight improvement of the articular manifestations was noticed, patient had more pronounced digestive symptoms, wherefor she was referred to the stomach department. The water treatment had no appreciable effect upon the sluggish intestinal functions. When referred to the latter mentioned department, the X-ray picture demonstrated adhesions of the intestines, so an operation was advised, but refused by the patient.

The case was lost sight of, and no further information could be gathered as to the joint condition. We are under the impression that the Mountain Valley water in a case of chronic deformant arthritis relieved the pain to a slight extent, but probably did not affect in any way the anatomical changes.

Several cases of *acute rheumatic arthritis* were subjected to the same treatment. The observation of these gave similar results as the one described above.

In these ambulatory cases we must bear in mind that patients not subjected to the constant medical control, and living under unhygienic conditions, the results necessarily must differ from those instances in which a careful supervision is possible. In acute articular rheumatism we were unable to observe any marked improvement; on the contrary, during the use of the water the morbid manifestations were more pronounced.

As regards the chronic forms of articular rheumatism and arthritis deformans, it would seem that objectively some improvement of pains, swellings and loss of function can be, but is not necessarily expected in such cases. In elderly people, where we have a defective circulation, it must be remembered that an excessive amount of water may favor cardiac decompensation. A subjective relief may be temporarily present, objectively; however, no marked influence upon the pathological process could be observed.

From other clinical observations, which will be published later, it would seem that probably the dose of emanation contained in bottled Mountain Valley water was not high enough to bring permanent results and more objective improvement. High doses of

Radiothorium applied to the joints, continued for a long time, bring better relief and improvement. These few observations tally with the general impression that such patients cannot improve satisfactorily unless they are removed from their daily surroundings and placed under individual physical and dietetic treatment, as only then they may expect satisfactory results.

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ROENTGEN DEMONSTRATION

By Max Kahn, M.D.,
Roentgenologist to St. Agnes' Hospital.

In demonstrating these plates only about 150 have been selected out of a number exceeding 1100. The latter number represents the Roentgen examinations made by plate since this department has been opened at St. Agnes' Hospital last September, a period of nine months. To this must be added several hundred fluoroscopic examinations as well as several hundred treatments. The

Figure 1.—Periosteal sarcoma of the head of a child 2 years of age.

plates were selected mainly because they show some unusual pathologic conditions as well as to demonstrate the practicability of the Roentgen rays as a factor in diagnosis of internal disorders. A good many of the treatments were post-operative as well as for inoperable neoplasms and other conditions requiring deep therapy; in this class of cases the Coolidge tube was employed. A number of superficial skin lesions were also treated. The fluoroscope (vertical and horizontal) was frequently used for examinations of the chest and gastro-intestinal conditions. It also was extremely helpful in the immediate diagnosis of frac-

*Read before a meeting of Baltimore County Medical Association held May 26, 1915, at St. Agnes' Hospital.

tures and dislocations and their reduction, as well as the recognition of foreign objects in various parts of the body and their removal.

The plates presented to you today were chosen because of their interest both to the general practitioner and specialist. Of especial interest is the plate of a child two years old, showing a periosteal sarcoma of the head. The uninvolved part of the cranium is nearly twice the size for a child of this age, and the sarcoma apparently is growing rapidly. Roentgenograms taken at short intervals show a marked increase in the size of the growth. The tumor appears to involve only the occipital and parietal bones, but probably extends into the brain also. Treatments with the

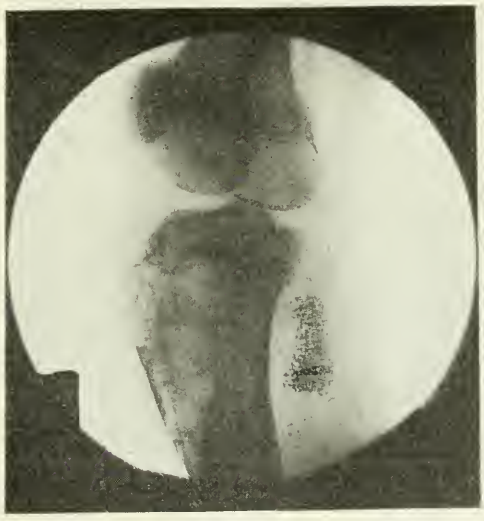

Figure 2.—Bone cyst of tibia with new bone formation three months after operation.

Coolidge tube unaltered this condition, and recently the child became blind. The next two plates show a perithelial angiosarcoma of the right side of the face and neck. These Roentgenograms were principally made to rule out any bony involvement. This can be clearly seen from the normal appearance of the maxillary bones and the cervical vertebrae. The tumor itself is plainly visible. Another case of new growth shows a bone cyst of the tibia. This was incised and curetted, and a Roentgenogram taken three months later shows that new bone formation has taken place. Of the numerous fractures one is especially interesting.

This, as you can see, is a fracture of the surgical neck of the humerus with head rotated outward and the lower fragment inward. At first it appeared difficult to reduce without an open operation, but after the third attempt at reduction without anesthesia an almost perfect anatomical result was obtained. Many cases of fracture and suspected fracture were examined, and we therefore found that a negative diagnosis was equally important as a positive. A number of patients suffering from suspected gall-stones were examined, and in 50 per cent. of cases a positive diagnosis was made and verified at operation. One case of a calculus in the ureter, in which the Roentgenogram showed it opposite the third lumbar vertebra, was operated and the stone found at this location and removed.

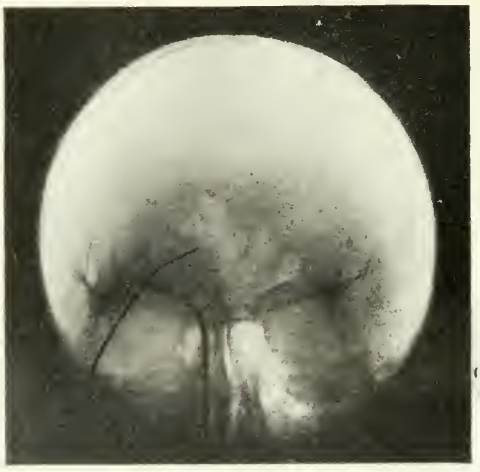

Figure 3.—Left frontal sinusitis with one probe inserted from without and the other from within.

In examination of the nasal accessory sinuses we have found the Roentgen examination extremely valuable. In the great majority of cases the diagnosis was made by this means and later verified at operation. In other cases the clinical diagnosis was verified by the Roentgenogram. In this manner we were able to diagnose frontal, ethmoidal, sphenoidal and maxillary sinusitis. Of this class of cases one is especially worthy of note. A young man suffering from influenza complained of pain over his left orbit, and about four days following his attack a discharging sinus appeared in the region of the left orbital arch. A tentative diagnosis of frontal sinusitis was made by his attending physician and verified by Roentgen examination. This patient was drained

from within, and apparently he has made a perfect recovery. Later Roentgen examination reveals a slight cloudiness in the sinus, but externally it has healed, and clinically he feels well. This cloudiness is probably due to a hypertrophied condition of the mucous membrane.

Stereoscopic examinations were found especially helpful. This method was employed in practically every part of the body, but was most frequently used in the location of foreign bodies, fractures and dislocations, and in diseases of the chest, stomach and intestines. Of the gastro-intestinal conditions a plate showing

Figure 4.—Carcinoma of colon at hepatic flexure; bismuth stopped at X.

obstruction at the hepatic angle is interesting. The patient was given a rectal enema of bismuth, and the obstruction was found to be due to carcinoma at the hepatic flexure. In the examination of the stomach and intestines we found it helpful to make examinations both by fluoroscope and plates, and not confine ourselves to one or the other method alone. In this manner we were able at times to diagnose conditions about the stomach, as suspected ulcer and carcinoma, cholecystitis and chronic appendicitis, as well as ptosis and adhesions. In the fluoroscopic examinations the peristalsis, motility, size and position of both stomach and intestines were at once noted, as well as kinking of bowel.

RECENT ADVANCES IN THE STATE DEPARTMENT OF HEALTH OF MARYLAND.

By John S. Fulton, M.D.

In 1913 the State Department of Health of Maryland included into five technical bureaus a Division of Food and Drugs, and an Executive office. The five bureaus were named after their several functions, Vital Statistics, Communicable Diseases, Chemistry, Bacteriology, and Sanitary Engineering. The Division of Food and Drugs is under a commissioner, and is not, in a strict sense, a bureau. The distinction is quite unimportant, however, and this division is commonly spoken of as the bureau of food and drugs. The Executive office is also called the Executive Bureau, though there is no legislative authority for that designation.

The Legislature of 1914 enacted three laws, one of which widened the powers of the Department as to the production and handling of food materials, another extended the powers of the Bureau of Sanitary Engineering, and the third greatly strengthened the Executive branch of the Department by creating a medical field force.

The first of these laws, known as the Sanitary Inspection Law, gave the Board of Health a large control over the sanitary conditions of producing, collecting, packing, storing, distribution and sale of foods. Before this law was passed, our food laws prevented adulteration and misbranding, and were fairly effective against the sale of unsound, unwholesome, or adulterated foods: but they took no account whatever of the sanitary conditions under which foods were prepared. So long as the foods themselves did not offend the laws, they were lawful foods, no matter how unhygienic the conditions of their production, preparation and sale might be.

The comprehensive nature of the new law (Chapter 678 of the Acts of 1914) is well indicated in its title—"An Act providing for the sanitation of factories, canneries, bakeries, confectioneries, creameries, milk plants and distributing dairies, hotels, restaurants or eating-houses, packing and slaughter-houses, ice-cream plants and other places where food products are manufactured, packed, stored, deposited, collected, prepared, produced, or sold for any purpose whatever."

If one bears in mind the number of persons in Maryland who eat daily, it will be at once apparent that the complete supervision of the food industry would require a corps of inspectors equal to, if not exceeding, the entire police force of the State. The bill does not carry any appropriation, but a very good beginning has nevertheless been made in operating the law.

The text of the law includes sixteen paragraphs for the guidance of inspectors and food producers. Of these sixteen paragraphs,

six are devoted to general specifications and ten are specific regulations for the canning industry.

Representatives of nearly all important food industries were very active in the advocacy of this bill, and the canners came out for it in force. This circumstance explains the particular emphasis which the bill itself laid on the sanitation of canneries. The same explanation is offered for the almost exclusive attention given by the Board of Health, in the first year, to the canning industry.

The law became effective on July 1, 1914, and since then the canneries of Maryland have been completely inspected. It seems quite certain that the "pack" of fruits and vegetables for the year 1915 will be made under far better conditions than in any preceding year, and the reputation of Maryland canned goods will improve. This probability was indeed a main motion of the canners in advocating the legislation. The Maryland "pack" goes into the world-market, and must compete with the "pack" of the most enlightened States. The requirements of public opinion in Maryland with respect to foods in general are well to the rear of the requirements in the States and counties which are the largest buyers.

It does not appear that the strong partiality with which the State Board of Health has favored the canners tends to arouse the envy of other groups of food producers. It must be clear that adequate supervision of food supplies cannot be had by State action alone. The State laws at the moment are approximately as definite and comprehensive as they should be. If the cities and towns were equipped with proper laws and competent officers, the hygiene of foods could be brought rapidly abreast of the best American practice.

With respect to that one food exceeding all others in its hygienic importance, namely, milk, the State of Maryland probably lacks, at this time, and in the matter of legislation, only those defenses which the local government should apply. The State Board of Health has sufficient authority to enforce reasonable sanitary equipment and practice on all dairy farms. With an adequate field force it could control the milk supply at the producing end. With its present force, it can and does furnish localities with important information by which local authorities can and sometimes do exclude bad milk from their markets. But it is not found that local authorities are regularly willing or able to use the information for their own defense. There is a manifest tendency in some localities to shift the whole burden of defense upon the State. In one instance the local authorities, fully authorized and supplied with all necessary evidence, have failed to prosecute for watering milk. Speaking as an individual, and not for the Board of Health, I speak here the opinion that a locality as supine as this should not be delivered by the State from the danger of its supineness.

The control of milk supply in Baltimore city has materially improved in the past two years, but even here the state of popular

intelligence is not such as to demand the enforcement of existing law. The milk of swill-fed cows has been a staple food in Baltimore for more than a generation. In most cities the sale of swill milk is forbidden. Many Baltimoreans are under the impression that swill milk cannot be sold here. On the contrary, the swill milk producers are enjoying an honorable truce with the city government, and the worst milk in Maryland, probably, is produced especially for Baltimore consumption within range of unaided vision from the City Hall tower.

An effort of the City Health Department to stop the sale of swill milk has been lost for a year or two somewhere in the silence of the city courts. Why should the State make a breach of this peace by intervening? Evidently, swill milk is good enough for Baltimoreans.

Chapter 810 of the Acts of 1914 provides for "the better preservation of the public health by preserving the purity of the waters of this State; providing for the supervision and control by the State Board of Health over water and ice supplies; sewerage, trades wastes and refuse disposal; and for the maintenance, alteration, extension, construction and operation of systems and works relating thereto; providing for the raising of funds by counties, municipalities and sanitary districts for the maintenance, alteration, extension and construction of the same, and prescribing penalties, etc."

The law must have held forth a promise at least of immediate utility, for several local governments took advantage of its provisions within the first two months of its existence. A number of inquiries were made as to whether local governments, not quite ready under their own powers to initiate sanitary reforms, could be helped into action by the State Board of Health. In one instance this inquiry was followed by an explicit request for the State Board of Health to exercise its right to order the installation of sanitary works, and to authorize the creation of a public debt on account of such works. In other instances the overtures of local governments were not so explicit, though quite as effective in bringing to the localities the assistance desired.

The law empowers the State Board of Health not only to require the installation of sanitary works, but the raising of funds, by means of an order approved by the Governor and the Attorney-General. The validity of the law came into question in Baltimore. The Legislature of 1914 passed an act authorizing the Commissioners of Baltimore County to raise funds for sewerage; but this enabling act was rejected by the voters of Baltimore county at the following election. The State Board of Health, recognizing the urgent necessity for sewerage in two designated areas of Baltimore county, served an order on the County Commissioners requiring them to sewer these areas within a specified time. The Commissioners asked the Court of Baltimore County to vacate and set aside this order of the State Board of Health, and the court vacated

the order, saying that the provisions of the law were "contrary to the limitations placed by the Constitution upon the debt contracting power of counties and of the General Assembly." The Court of Appeals remanded the case to the Circuit Court, with the statement that the act is not contrary to the Constitution, and that the Circuit Court has only to decide whether or not the order of the State Board of Health is reasonable.

In the ten months of its existence this law has promoted, if not generated, a great advance in community sanitation. It could not bring incorporated communities, in so short a time, to a much stronger state of intelligence and good intentions, but it relieved local embarrassments and set free the will of local governments.

In some portions of the State the early results of this law are such as will surely compel the attention and improve the practice of the entire State within a few years. The time is now well past when public water supplies and complete efficient scavenging were at the command only of large cities. Such facilities are within easy reach of populations of 1000 or less, and the poverty which cannot attain them is not thinness of purse, but poverty of spirit. Before long we shall have, it is hoped, compelling examples of small communities watered, sewered and cleaned at least as well as Baltimore.

Chapter 675 of the Acts of 1914 authorized the State Board of Health to divide the State into ten Sanitary Districts, and to appoint a Deputy State Health Officer for each district. The boundaries of the districts must follow county lines. The Sanitary Districts are as follows:

District No. 1—Allegany and Garrett counties.
District No. 2—Washington and Frederick counties.
District No. 3—Carroll, Howard and Anne Arundel counties.
District No. 4—Baltimore county.
District No. 5—Montgomery and Prince George's counties.
District No. 6—Charles, Calvert and St. Mary's counties.
District No. 7—Harford and Cecil counties.
District No. 8—Kent, Queen Anne's and Caroline counties.
District No. 9—Talbot and Dorchester counties.
District No. 10—Wicomico, Worcester and Somerset counties.

The Deputy State Health Officers hold office "during efficiency and good behavior, but may be removed for cause by a majority vote of the State Board of Health, after having been given an opportunity to be heard in their own defense." They may not practice medicine nor engage in any other occupation which would conflict with their official duties. Their salaries may not be under $1200 nor more than $2500 per annum.

Each of these deputies, within his own district, has all the powers of the State Health Officer, and he may besides enforce any local health law when the local health authority refuses or neglects or refuses to enforce such law, after notice is given by the Deputy or by the State Board of Health. The State Board of Health is

authorized to appoint such inspectors, nurses and agents as may be needed to aid the Deputy State Health Officers in the performance of their duties.

The provisions of this law enable the State Board of Health to create a corps of field officers and to bring their influence to bear directly upon the people of the ten districts. The force is mobile; it can be concentrated wherever need may arise.

This provision of the law enabled the Board to give the Deputy State Health Officers their first season's duty in a single locality, and it was thought wise to do so. The county of Dorchester offered the opportunity. This county is not distinguished, among the Maryland counties, for its high prevalence of typhoid fever. The State of Maryland enjoys an annual epidemic of typhoid, without marked distinction for any county. It is, however, the distinction of Dorchester county to have a medical profession acutely sensible of the discredit incurred by the medical profession by reason of the unhindered prevalence of typhoid fever. The proposal to make a sanitary survey of Dorchester county was, therefore, not likely to meet with local opposition, or even reluctance. The Governor of the State very heartily agreed to ask the Federal Government to undertake, in conjunction with the State Department of Health, a survey of Dorchester county.

The survey began on July 20 and lasted until November. The United States Public Health Service detailed Surgeon L. L. Lumsden to command the survey party, and four other officers of the Public Health Service were on duty in Dorchester during the summer. The State Department of Health contributed nine medical officers in all to the working party. Besides the typhoid survey, there was an investigation of the milk supply of Cambridge, which was undertaken in co-operation with the Milk Committee of the Women's Civic League of Baltimore.

Investigation of the canning industry and of the sewerage and water supply situation were also made by the Department of Health, so that Dorchester county was a scene of extraordinary activity in matter of public health in 1914.

The women of Dorchester county manifested their interest in quite an extraordinary way, by forming a Community Sanitation League, a society without dues and without any elaborate constitution or by-laws. Its essential condition was the agreement of each member to put her own premises in order. Beyond this the women acted as forerunners to the medical inspectors. In the towns they made advance visits and secured a welcome for the sanitary officers who followed them. There was no distinction of race in this league. In the town of Cambridge a group of colored women undertook in their neighborhoods exactly the same duties which were performed by the white women.

The characteristic feature of Dr. Lumsden's kind of survey is the personal interview with the responsible head of every household. For a young health officer, this exercise excels all other

means of sharpening a man's wits. He very quickly learns that the important materials of his task are not so much the particular causes of sickness and the vehicles of infection, but the wills and affections of reasoning men and women, refractory materials sometimes, but on the whole tractable.

The main purpose of the survey was, of course, to effect a great improvement in the habits of the whole people with respect to the disposal of human excrement. There must have been an enormous amount of private talk, as there certainly was of public speech, on this subject in Dorchester county during the survey. As one of the deputies expressed it: "This week you tell a family all about typhoid fever, and when you come around again in two weeks they tell you all about typhoid."

The year's record of typhoid in Dorchester was considerably below the average for several years, but it is prudent not to attribute marked success to a campaign beginning in midsummer against an autumnal disease. Other things besides the survey operated against typhoid in Maryland last year. There was a general decline of the disease throughout the registration area. Maryland might have a drop of 50 per cent. without overtaking the best States in the registration area.

It is possible that the experiment in Dorchester may lead to a sanitary survey of all the counties. Anne Arundel county is to be surveyed, in consequence of the requests of the Women's Civic League of Annapolis and the Anne Arundel Branch of the Maryland Association for the Prevention and Relief of Tuberculosis, these requests being supported by the County Medical Society, and of the express action of the County Commissioners and of the Mayor and City Council of Annapolis.

The joint forces of the United States Public Health Service and the State Department of Health began their work in Annapolis on April 10.

The Mayor and City Council of Salisbury have asked for a survey of that town, and it is possible that the county authorities may ask for a survey of the county. The instigators of this request are the United Charities and the Civic League of Salisbury. The local medical profession has not, up to this time, expressed any interest in the subject.

These surveys interfere not a little with the systematic development of the sanitary districts, but that inconvenience can be better borne at this time than later, when the district deputies have been settled in their districts and their temporary withdrawal would be objected to.

A survey of all the counties would be in the highest degree profitable, but it would require several years for its completion, and would cost much money. It is doubtful if the State would, or even if it should, undertake such a survey. If the people of the counties wish such service, they should be willing to meet a great part of the necessary cost.

This reflection brings up an interesting question as to the future of sanitary government of Maryland. Speaking broadly, the scheme of sanitary government by County Commissioners is a failure in Maryland, as in other States where it has been tried. What effect will the widened activities of the State have upon the county and town Boards of Health? Will they increase or diminish in function? The State is certain to substitute the function of local Boards of Health wherever the latter continue reluctant or inefficient.

Local Boards of Health at this time are not subject to much pressure of public demand for active health administration. Here and there one may find local health officers who do much more than is required of them.

In some places the health officers can, if they desire, do nothing from year's end to year's end, and incur no criticism from their employers. They cannot neglect the registration of births and deaths, for if they do the State Board of Health will certainly deprive them of this function. Their responsibilities toward the County Commissioners can be evaded, and frequently are evaded It does not appear that local governing bodies expect or ask for a demonstrable profit on the appropriations to public health purposes. The money appropriated annually to public health purposes in the counties of Maryland is enough to pay for two or three times the service rendered.

Moreover, I am inclined to think that if the State should gradually substitute its functions for that of the localities, that process might go on for years before the localities would become sensible of the waste of their own funds.

Book Reviews.

THE CLINICS OF JOHN B. MURPHY, M.D., at Mercy Hospital, Chicago. June, 1915. Vol. IV, No. 3. Philadelphia and London: W. B. Saunders Company. Baltimore: The Medical Standard Book Co. A bi-monthly. Paper, $8 net.

This issue of Murphy's Clinics contains short articles on appendicitis, intestinal obstruction due to a large gall-stone, friction burn of the left ankle—closure of the defect by a pedicled flap of skin and fat, tuberculosis of the cord and epididymis, hypernephroma of the right kidney, etc. Included among the articles is a talk by Wiliam J. Mayo on unsuccessful gastro-enterostomy for ulcer—an analysis of its causes—suggestions for better technic. Dr. Mayo attributes these failures to various causes. Employing the words of the speaker, he says: "I will begin with a hibernianism, and say that I think the most common cause of failure to cure gastric and duodenal ulcers by operation is that the patient did not have the ulcer, but did have the operation. This may be explained as follows: The post-mortem has given us certain data concerning gastric and duodenal ulcers; nevertheless, our opin-

ions concerning ulcers have been largely based on statements of men distinguished in medical circles, and we have not been able to get rid of these impressions. As a result, the patient who presents himself with a certain train of symptoms is said to have gastric ulcer. On the operating table the condition is not demonstrable, yet a gastro-enterostomy is done. So true is this that in our own clinic we have cut off somewhat more than a hundred gastro-enterostomies where no evidence of ulcer was found at the second operation. Today we are cutting off few gastro-enterostomies, because of the fact that the pylorus is mechanically closed at the primary operation. But there can be no doubt that unnecessary operations are being done. In the second group of cases a stitch ulcer will be found which is due to the use of continuous silk or linen sutures. Permanent silk or linen sutures used in gastro-enterostomies have been removed as long as three years after they were put in. Often after a number of months the infected sutures pass out, but the margins of the gastro-enterostomy are left thickened, with interposing scar tissues and adhesions of the upper jejunum to the transverse meso-colon in the vicinity of the gastro-enterostomy. If this happens, the patient will have a recurrence of all the symptoms of the original ulcer. In the third group, failure to cure may be due to the development of carcinoma in gastric ulcer." This number measures fully up to the standard of its predecessors. You should have it.

The Medical Clinics of Chicago. July, 1915. Vol. I. No. 1. Published bi-monthly. Philadelphia and London: W. B. Saunders Company. Baltimore: The Medical Standard Book Co. Paper, $8 per year.

The Medical Clinics of Chicago is planned along the same general lines as Murphy's Clinics, it being the intention of the publishers to gather regularly the bedside and amphitheater record of diseases by the leading internists of Chicago. These records will include the histories, examination, description of diagnostic methods, treatment and other data necessary to a complete understanding of the case. A magazine of this character should and will fill a long-felt need in medical literature. Judging from the make-up of the first volume, there is not the least doubt in our mind concerning the success of this venture. Saunders has gauged what the medical profession desires, and has proceeded to supply the need in a practical, interesting and attractive form. In the initial number are articles by Dr. Charles L. Mix of Mercy Hospital on "Lung Abscess with the Picture of Tuberculosis," "A Lesion of the Cauda Equina" (sciatica the most prominent symptom); Dr. Charles Spencer Williamson, "Nephritis," "A Case of Hepatic Abscess, Gout, etc.; Dr. Isaac A. Abt, "Infantile Tuberculosis," "Sarcoma of the Kidney in a Child Eighteen Months Old" (frequency of neoplasms in infancy); Dr. Ralph C. Hamill, "Syphilis of the Central Nervous System," and contributions by other men of equal reputation.

MARYLAND MEDICAL JOURNAL

NATHAN WINSLOW, M.D., *Editor.*

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BALTIMORE, OCTOBER, 1915

INTESTINAL STASIS.

SINCE a cast or moulage of the intestinal tract has been made possible by the X-ray, much attention has been directed toward intestinal stasis. Constipation is due to many and varied causes. It may be either functional or mechanical in origin. The examination of the gastro-intestinal tract by means of the bismuth meal and the X-ray has taught us that by far the greatest number of cases of constipation are due to mechanical causes. Like most innovations in new fields perhaps, intestinal stasis, with its associated intestinal intoxication, has been run too hard by the profession and made the scapegoat of our ignorance. Granting, however, that it has been more or less of a medical fad, it cannot be denied that many disabilities of the body have directly resulted from interference with the proper propulsion of the fecal content through the alimentary canal. Therefore, when a long-chested individual with a sallow complexion presents himself to you for advice, bear in mind the possibility that his symptoms may be due to constipation. A furred tongue, offensive breath, mental and physical depression, cold extremities, severe headache, anorexia, dizziness, perhaps accompanied with vomiting, muscular pains and difficulty of obtaining a proper and satisfactory emptying of the bowels should put the physician on his guard. A patient presenting these symptoms demands the greatest consideration. Formerly they were termed neurasthenics, and after a more or less prolonged treatment were passed on to the quack cults. Physicians during the past few years have awakened to the realization that these individuals are really sick and need careful medical

supervision. First and foremost, a careful physical examination, including a series of skiagraphs, should be made. It might be, and in most instances is, advisable to insert the proctoscope in order to determine whether there is any mechanical encroachments into the lumen of the bowel. If after all efforts to find the cause have been exhausted and no bands or adhesions, hernia, foreign bodies, volvulus, intussusception, angulations, growths, benign or malignant, or disease of the rectum can be detected, then one is justified in classing the case as constipation due to functional cause or causes. But until such an effort has been made to eliminate a possible mechanical cause, it is permissible to so classify the case.

Much can be done in a prophylactic way to prevent the development of bowel tardiness. Mothers should insist that their children have at least one stool a day, as the constipation habit is a growing one, and if allowed to pass by unnoticed will sooner or later be followed with dire results to the victim. A bland meal with plenty of fruit should be given to a child or, at that, adult with a constipation tendency. Immediately after breakfast he should be made to go to the toilet and remain on the stool until there is an evacuation. Tea, coffee, all condiments should be strictly tabooed, as they irritate the bowel. Insist upon plenty of water, as constipation is sometimes due to an insufficiency of this element in the daily dietary, that taken being absorbed by the rectum, leaving a hard, dry fecal mass which is hard to pass. Girls especially should be taught to go to the stool whenever they experience the desire, as they are particularly prone to caustiveness. Liquid vaseline in one form or another has become a popular remedy, its action supposedly being due to its lubricating qualities rather than laxative properties. Abdominal massage, exercise and outdoor life should be imperatively insisted upon. Suppositories, purgatives and enemata as routine daily procedures should be positively prohibited. If these remedial measures fail and the patient is complaining of the above-mentioned symptoms, an operation should be undertaken to relieve the fault. The operation done depends upon the cause of the stasis. Acute intestinal obstruction is recognized generally fairly early by the doctor, but it is the chronic form which has so far to a greater or less extent escaped their notice. Such should not be the case, especially with present-day instruments of precision.

Medical Items.

Dr. Thomas S. Cullen has returned to Baltimore after spending the summer in Canada at Ojibway Cabin, his camp in Maganetawan, on the shore of Lake Ontario. He has entirely recuperated from the operation for appendicitis which he underwent about two months ago.

Dr. Edward N. Brush, medical superintendent of the Sheppard and Enoch Pratt Hospital, has returned from an extended trip through the North and Canada.

Out of more than 200 applicants for admission to the freshman class of the Johns Hopkins Medical School for the scholastic year, which opens in October, 90 have been selected.

The South Baltimore Eye, Ear and Throat Hospital, Light street near West, which has been closed since July 31, was reopened September 1.

Drs. J. A. Campbell Colston and H. R. Slack of the Johns Hopkins Hospital staff, who went to France a year ago for service under the Red Cross auspices at the American Hospital at Pau, have returned to Baltimore.

Dr. Roades Fayerweather of Hopkins, who has been at the hospital at Pau, had expected to return with them. He will remain in France several more weeks, probably until the closing of the hospital, which is expected to take place within the next month.

Several Hopkins nurses were also stationed there and helped to do a share of the work in caring for wounded soldiers.

Sir William Osler, regius professor of medicine, Oxford University, England, recently sent Mr. Charles H. Grasty, formerly of the Baltimore *Sun*, the following cablegram:

"Thank American friends for all their kind help, moral and material, and tell them not to be discouraged. It is a long and terrible struggle, but democracy will win. England was never so full of the spirit of Washington and Lincoln as she is today."

Mr. Grasty says Dr. Osler is in close touch with the real war situation and is very active in the war management on the surgical and medical side. American generosity has enabled him to carry out very extensive and far-reaching plans.

A co-operative laboratory, in which Garrett and Allegany counties and the city of Cumberland will participate, has been established in the Department of Health Laboratory in the Cumberland City Hall. The laboratory will be in charge of a trained bacteriologist and pathologist.

Dr. and Mrs. John Houff, who have been visiting friends on Eastern Shore, have returned home.

After an absence of more than three months, Dr. J. A. Nydegger, surgeon in the United States Health Service, with headquarters in Baltimore, who sailed for London last May, has returned to Baltimore.

Dr. Nydegger is much interested in the hospital service which has been established by the Allies during the present European war, and although he hasn't been any further than England, he has made a close study of conditions at long range, and will return to this country with an increased knowledge of how the wounded soldiers have been cared for in the world's greatest war.

Dr. Walter L. Nicholls, Physicians and Surgeons, class of '02, of 401 North Fulton avenue, who recently underwent an operation, is making a nice convalescence.

Dr. T. A. Ashby attended the meeting of the Alumni Association of the Baltimore Medical College and the University of Maryland, held at Lyons, N. Y., on July 15. The meeting was attended by a number of the alumni of the two institutions and was handsomely entertained at the home of Dr. E. W. Carr, president of the association.

Dr. Howard D. Lewis announces that on and after June 22, 1915, his residence and office will be located at 2215 North Charles street. Office hours, 8 to 9 and 7 to 8. Telephone, Homewood 3114-M. Dr. Lewis was formerly located at 1100 Madison avenue.

The twenty-fifth annual session of the New York and New England Association of Railway Surgeons, celebrating the quarter-century anniversary of the organization of the association, will be held at Hotel Astor, New York City, October 21, 1915, under the presidency of Dr. W. H. Marcy of Buffalo, N. Y.

A very interesting and attractive program has been arranged. Railway surgeons, attorneys and officials and all members of the medical profession are cordially invited to attend.

Dr. Nathan R. Gorter, Commissioner of Health for Baltimore City, is investigating the circumstances which caused the failure of the

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authorities at Bayview and the attending physician to report a case of typhus fever to the health department.

Dr. Samuel D. Shannon has been appointed chief of the resident staff of the Maryland General Hospital to succeed Dr. William B. Blanchard, resigned.

Dr. Herbert C. Blake was operated on recently for the removal of tonsils and adenoids at the Maryland General Hospital.

Dr. Clarence E. Downes, health warden for the Eleventh ward, Baltimore city, resigned, to take effect September 1, to accept a position in the United States Public Health Service.

Drs. J. H. Mason Knox, Jr., and James B. Holmes announce that they will be associated in the practice of medicine. Their practice is limited to the diseases of children, with special attention to laboratory methods of diagnosis: "The Severn," Cathedral street and Mt. Vernon Place; consultation hours, 2 to 4 and by appointment; telephone, Mt. Vernon 222.

According to the last report of Dr. Winford H. Smith, superintendent of Johns Hopkins Hospital, expansion of the hospital is necessary. In spite of the large and elaborate plant of the hospital, additional ward facilities are needed, especially for white women in need of surgical attention and also for children requiring surgical treatment. Many patients of this class have to be turned away for lack of accommodations. Dr. Smith also urges the establishment of a convalescent home in the country, which will relieve the present congestion of the wards and shorten the period of convalescence. Seven thousand and thirty-three patients were treated during the year, compared with 6818 for last year. More than 25,000 were treated in the dispensary.

Dr. J. Dawson Reeder announces the removal of his offices from the Professional Building, 330 North Charles street, to the Walbert, 1800 North Charles street. He will be associated with Dr. Underhill. Office hours daily from 9.30 to 11.30 A. M.

BIRTHS.

To Leonard G. Rowntree, M.D., associate professor of medicine at Johns Hopkins Hospital, and Mrs. Rowntree, of 227 West Monument street, Baltimore, August 16, 1915, a daughter.

MARRIAGES.

J. Craig Neel, M.D., Johns Hopkins Medical School, '10, formerly assistant gynecologist of the hospital, to Miss Nellie Clark Glascock, Johns Hopkins Training School for Nurses, '14, both of Baltimore, Md., at Baltimore, August 16, 1915. Dr. Neel resigned from the staff of the Johns Hopkins Hospital to accept the position of assistant to the chief gynecologist of the newly organized hospital of the University of California. He reported for duty September 1.

Walter Gresham Sexton, M.D., Johns Hopkins Medical School, '11, of Marshfield, Wis., to Miss Ethel Hartley Morgan of Roland Park, Md., at Baltimore, Md., August 25, 1915.

Nathaniel Garland Keirle, M.D., University of Maryland Medical School, '58, America's pioneer disciple of Pasteur, and for many years post-mortem physician of Baltimore, Md., to Miss Pattie E. McCoy, also of Baltimore, at Baltimore, August 24, 1915. Dr. Keirle is head of the Pasteur department of Mercy Hospital and instructor of medical jurisprudence at the University of Maryland. He is recognized by laity and profession alike as one of the foremost living authorities on hydrophobia.

DEATHS.

Everett Alanson Sherrell, M.D., University of Maryland Medical School, '12, of Statesville, N. C., for a year and a half assigned to the care of the tuberculosis division of the Bellevue Hospital, New York City, where he contracted tuberculosis, since that time in pursuit of health at Saranac Lake, N. Y., and Black Mountain, N. C., died at his home in Statesville, July 1, 1915, from tuberculosis, aged 29 years.

William P. Barnett, M.D., University of Maryland Medical School, '66, died at his home, Lafayette and Guilford avenues, of Bright's disease, August 29, 1915, aged 73 years.

Charles Thomas Harper, M.D., University of Maryland Medical School, '94, of Wilmington, N. C., a fellow of the American Medical Association and a member of the State Board of Medical Examiners of North Carolina, who was operated on for appendicitis recently at Harper's Sanitarium, Wilmington, died in that institution August 9, 1915, aged 42 years.

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Medical Council.

"Let George do it" in England may refer to King George or to Lloyd-George, but more especially to the latter gentleman if the public wants to do something to or for the doctors. But in the United States we say "Let Sam do it," and Uncle Sam does. Thanks to our really remarkable Constitution, dear old Uncle Sam has little spanking prerogative among the family of States, and he can't coerce them in their personal affairs except as regards bankruptcy laws and Federal courts throughout the Union and possible squabbles that may arise between two or more States. But if the States *want him to do something* for *them*, the Constitution, under "reserved powers" (powers neither delegated to the United States nor prohibited to the States), may "delegate" to Congress "coefficient power" of the most comprehensive character. This is the "*concurrent power*" of the Federal Government to which we referred in our leading editorial for July. Under this really great power Federal medical licensure is possible, with the consent of the States; and only under this power can it be brought to pass, except by repeal of the Tenth Amendment or an enabling revision of the Constitution itself.

As we stated in July, neither enactment by Congress nor decision of the United States Supreme Court has defined the validity of Federal medical licensure under the "coefficient" or "concurrent" powers of Congress, as delegated to it by the States. The point has never come to issue nor decision. We here repeat these declarations (made after proper legal conference and advice received by us) called in question since by a number of gentlemen who considered the matter as closed. These gentlemen should read Tucker's elaborate treatise on the Constitution of the United States.

In order to be well assured of our ground, this editor spent two days in Washington looking up decisions in the Library of Congress and in interviewing the gentlemen there who are in position to speak with authority. This is why we reassert what we said in July.

What we learned in Washington would be too long a story to detail here, especially as regards the legal and constitutional points involved; but a little general information may be of interest.

WASHINGTON VIEWS.

Representative Thomas L. Reilly of the Third District of Connecticut introduced, as requested by Dr. G. Totten McMaster, a graduate of Jefferson Medical College and a surgeon specialist in New Haven, "A Bill to Create a United States Medical Licensing Board" (H. R., 8606). This bill was referred to the Committee on Military Affairs, and it is not likely it will ever come out of committee. We secured a copy of this bill and believe its provisions to be unconstitutional, sharing the belief of several gentlemen in Washington to whom we referred it for opinion. But there has been an unnecessary indulgence in loose talk concerning this bill, which we believe was a sincere and honorable effort to improve conditions. Nevertheless it will have to be dropped.

Mr. Reilly and his secretary, Mr. P. J. Goode, emphasize the point that, if the physicians want Federal medical licensure in any form, *doctors all over the country* will have to *push the matter*

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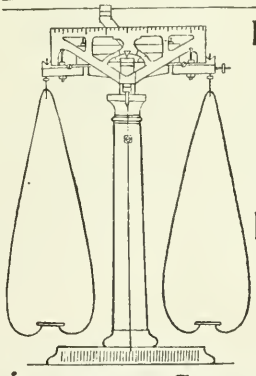

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with energy and *write to their representatives* in Congress urging some special legislation providing for it.

A prominent medical official, who does not wish to be named, told us that "State medical boards and their actions remind him of the plumbers' union." Good in principle and necessary under our form of government, this able gentleman believes that politics cuts too large a figure and that medical licensure will never be placed upon a proper basis until after politics has been eliminated wholly from consideration and some common provisions as regards essentials apply in every State.

The medical gentlemen connected with the various Government activities in Washington, or some of them, seem to be imbued with the idea that something is impending, and if the profession does not soon reach an agreement the people, largely at the instance of the pathists and cultists, will settle the matter in a way wholly unsatisfactory to the medical profession, which may be *dragged* into politics and subjugated thereto. Doctor, what do *you* think of the outlook?

NATIONAL VIEWS.

As long ago as January 11, 1902, a central examining board was editorially proposed in the *Journal of the American Medical Association,* and in an interesting talk we had with Dr. Simmons it appears that the idea has not been dropped, although somewhat quiescent at present. Dr. William L. Rodman, president-elect of the American Medical Association, in 1902, proposed such a board to the A. M. A. Committee on National Legislation, and his report was unanimously adopted.

We are pleased to note that the admirable *Quarterly of the Federation of State Medical Boards of the United States* is interesting itself in this question, and many of the papers therein present constructive views of great interest. We have talked with many gentlemen connected with State boards and find among them at least a growing interest in the subject.

There is no doubt but that the American profession at large is desirous of a solution of this question. Rather unfortunately, most of the talk has been by men who are not definitely informed upon the matter, are not sufficiently impressed with the necessity for maintaining high medical standards and who expect too sweeping changes. Nothing will be accomplished until after the several interests get together upon a reasonable and constitutional basis, and it will take the best intelligence in the profession to bring this to pass.

HOW SHALL WE PROCEED?

Uniform medical legislation in the several States would seem to be a good plan, yet the difficulty in procuring uniform divorce, food and drug, corporation and other laws is but small compared to the all but insurmountable difficulties in procuring uniform medical laws, especially in the face of the tremendous influence of pathists and cultists with the State legislatures. Frankly we believe absolutely uniform medical legislation to be all but impossible, and we are not at all sure that it would be a good thing if possible. Each State has a perfect right to legislate according to its own ideas and in a way to fit its own conditions and people: this can't be uniform in details. The States are interested in preventing abuses and in protecting their people against incompetence, not in the general welfare of medicine and doctors. Let the States stick to their prerogatives and, under their police powers,

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give a free hand to their medical boards to do this work and exact certain *minimum requirements* of all sorts and conditions of practitioners of the healing art. This is a big work and justifies State medical boards. Nevertheless, we feel that the States can and *should make an effort* to come to a uniform basis gradually and in *essentials*, and in doing this should pause wholly as regards proposed medical legislation until after the national medical sentiment is crystallized into some concrete expression promising a permanent solution of the problems involved. We said this before and repeat it here.

What, then, should be done? Ask the Federal Department of Agriculture. It is a glowing and tremendously successful illustration of activities not directly comprehended by the Constitution, but, through the "coefficient" or "concurrent" powers of Congress, carrying on a wide line of Federal activities within the States, with their own co-operating boards of agriculture. It seems to us that further comment is unnecessary except to note that if the farmers in the several States can say "Let Sam do it," the doctors should be able to say the same thing.

Now, then, in view of the facts that the Federation of State Medical Boards of the United States is an accomplished fact and is working well, that State laws generally provide for the registration of officers of the United States Public Health Service without examination, and that there is a general disposition, in all lines of activity and inclusive of medicine, to recognize without question the credentials of Federal origin, we wish to propose a possible solution.

A MOTION BEFORE THE HOUSE.

But what does mere talk amount to? Let us make a motion and then debate it *pro* and *con*. With some temerity *Medical Council* is going to make a motion. It will be in the form of the essentials of a bill, but with legal phraseology and section numbers left out. No one man can draft a bill free from numerous faults. Our effort is merely tentative and is probably full of faults. We make no claim to the contrary. Especially do we realize that the nomenclature is merely suggestive and that many questions of practical administration would have to be worked out by those bureaus and officials involved before it would be possible properly to word any bill actually presented to Congress. With these explanations, we propose:

A BILL

To extend the functions of the United States Public Health Service and to create a new grade of non-commissioned officers to be known as Sanitary Inspectors.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:

That the Secretary of the Treasury be, and he hereby is, authorized to direct the Surgeon-General of the United States Public Health Service to create a grade of non-commissioned officers to be known as Sanitary Inspectors.

Appointments to this grade shall be made whenever applicants who are citizens of the United States and of determined reputable character satisfy the examining board of the Public Health Service that they conform to the academic and medical standards agreed to by the Federation of State Medical Boards of the United States, this to be proven by examination, or by certificate of qualification and license as a physician and surgeon by one of the several existent Boards of the Federation, or previously constituted State Board, the standards of which are acceptable to the United States Public Health Service, and by such other additional tests upon the science and art of preventive medicine as may be deemed necessary

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by the examining board of the Public Health Service to determine the fitness of the applicant to act as a Sanitary Inspector under the regulations to be made by the Public Health Service.

Women shall be entitled to the grade on the same basis as men.

Physical examination of applicants shall be waived by the Service whenever in its judgment it is proper to do so in making appointments to this grade.

Successful applicants shall receive the usual credentials of a non-commissioned officer of the Service and shall be assigned to the State of their choice, certification being made to the Secretaries of the Medical Examining Board and the Board of Health of the State that the person is a Sanitary Inspector of the United States Public Health Service detailed to service within the State without pay, except when specially requested by the Public Health Service or the Health Authorities of the State, when they will receive a *per diem* from the authorities calling upon them.

Sanitary Inspectors shall, upon application, be certified to an additional State of their choice or to which they may remove; but in any event they shall be subject to the medical and sanitary laws and regulations of the State of residence.

In case of war, insurrection, pestilence or public danger Sanitary Inspectors must respond to orders from the Public Health Service assigning them to duty under any jurisdiction; but, upon application, they shall be relieved from such special duty if physically or by reason of sex, age or disease they are incapacitated for field service.

Sanitary Inspectors shall be allowed to engage in private medical practice, but if they abandon medical practice as their main occupation or pursuit, they must show cause why their credentials should not be recalled.

Conduct detrimental to the service or in violation of the civil laws shall, upon conviction, subject Sanitary Inspectors to loss of their credentials.

Every Sanitary Inspector shall, upon request, render such reports to the Service as shall be demanded of him.

Sanitary Inspectors shall not be entitled to pensions except for disabilities incurred in the military service of the United States and under the ordinary rules and regulations of such service and while under army or navy command.

The grade of Sanitary Inspector shall not interfere with any other medical or surgical credential granted by any State as under its laws.

Upon the completion of special prescribed courses of instruction, distinguished service, scientific research, original discovery in medicine, sanitation or surgery, or notable authorship, Sanitary Inspectors may become eligible to such honors or promotion as the Public Health Service may elect; but for no other reasons may they be so promoted or specifically honored.

[Additional paragraphs providing for repeal of any Federal law antagonistic, making any necessary appropriation, providing penalties for violations, etc., and authorizing proper regulations for carrying into effect.]

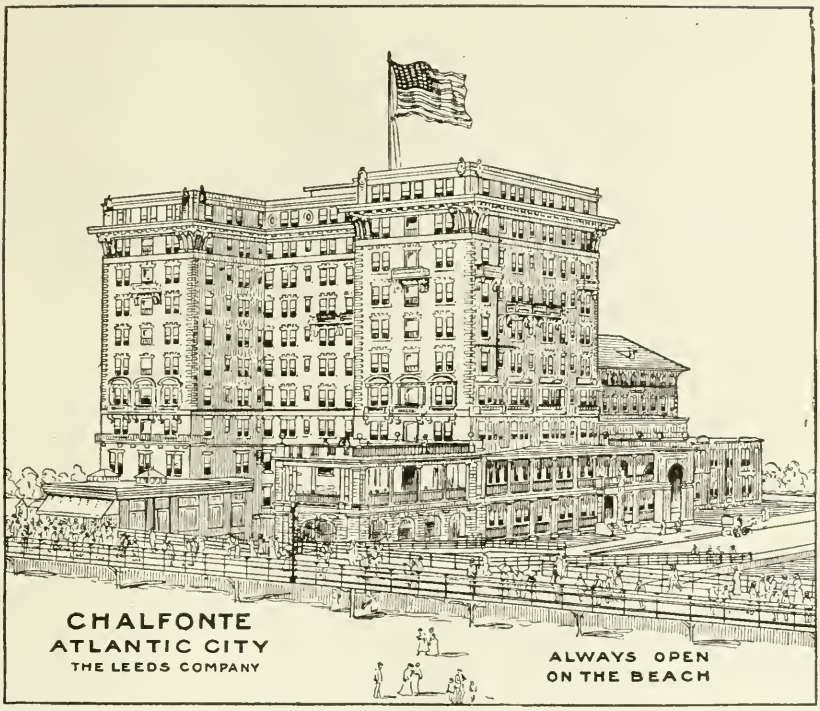
Do we hear a second to this motion? If we do, we shall discuss in our next issue our own and others' views upon this motion. Meanwhile we are making some reprints of this editorial and shall gladly supply copies to gentlemen who can make good use of them.

MEDICAL PROFESSION AND COMMERCIALISM.

The Journal of the Kansas Medical Society.

Of late years it seems that men who are eminently fitted as leaders of commerce have by some error broken into the ranks of the medical profession.

Reference is made to the surgeon, often only self-styled, who purchases for himself a practice. This is done in several ways. First by the much-discussed practice of giving cash commissions or secretly dividing a fee. Second, by appointing men to positions, such as railway surgeons, in some small place, providing that the appointee refer surgical cases to the one who appoints him. We can see little difference in the two methods. Their results are the same. Either method diverts the referred cases into



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a channel which in many cases they would not take if it were not for the bribery or purchase price.

We hear frequently of resolutions being passed against these practices, but we wonder if the burdening of existing laws, codes, etc., with resolutions will get the result or merely obscure the already existing laws and codes.

The code of ethics to which we all subscribe certainly covers the subject, and it appears that it would be wiser to enforce what we already have instead of working off our energy by merely resolving. Make an example of someone. Let someone get up enough courage to get some bona-fide evidence, prefer charges and try some offending member in the manner already prescribed. That will get results that all the resolving possible could not. The code of etics is plain in Chapter 2, Article 6, Section 3.

"It is detrimental to the public good and degrading to the profession, and, therefore, unprofessional, to give or to receive a commission. It is also unprofessional to divide a fee for medical advice or surgical treatment, unless the patient or his next friend is fully informed as to the terms of the transaction."

Again, the subject of soliciting by letter, personal interview, etc., is covered by Chapter 2, Article 1, Section 4.

"Solicitation of patents by circulars or advertisements or by personal communications or interviews, not warranted by personal relations, is unprofessional. It is equally unprofessional to procure patients by indirection through solicitors or agents of any kind or by indirect advertisement, or by furnishing or inspiring newspaper or magazine comments concerning cases in which the physician has been or is concerned."

A "HARMLESS REMEDY FOR HEADACHE, SLEEPLESSNESS, ETC.," FOUND TO CONTAIN HARMFUL DRUG.

A "HARMLESS and speedy remedy for headache, neuralgia, sleeplessness, depression, induced by excessive indulgence in liquor, sour stomach, indigestion, nausea, painful menstruation and other nervous disorders" was alleged to be misbranded because it contained a harmful drug, according to a notice of judgment just issued by the Department of Agriculture.

James Vanatta, alias Century Chemical Co. of Indianapolis, Ind., was charged with the shipment of a quantity of "Celery-Visce," which was described on the label in the above terms. It was also stated to be "pleasant as cream soda."

Having described it as a harmless remedy, the label continues as follows:

Directions: Dash with force a third of a glass of water on a heaping teaspoonful. Drink while foaming. Repeat in 20 minutes if necessary. Acetephenetidin less than 4 per cent. Compound Vanilla Flavoring. Guaranteed under the Pure Food and Drugs Act, June 30, 1906.

According to the view of the Department of Agriculture, the statement that the product contains acetphenetidin is inconsistent with the former statement that the product is harmless.

The printing on the paper wrapper and package containing the product was regarded as false and misleading. The defendant entered a plea of guilty, and the court imposed a fine of $25 and costs.

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Osteopathist

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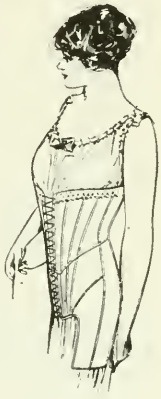

¶An Index to Advertisers will be found on page ii.

¶In writing to advertisers please refer to the JOURNAL.

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LOCAL DIRECTORY

THIS Directory is maintained mainly for the benefit of local firms seeking the patronage of physicians and their families. Only well established and reliable concerns will be represented, and doubtless the space at our disposal will be constantly in demand. In responding to these exploitations, the reader will find it mutually advantageous to mention the MARYLAND MEDICAL JOURNAL.

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Danger Due to Substitution.

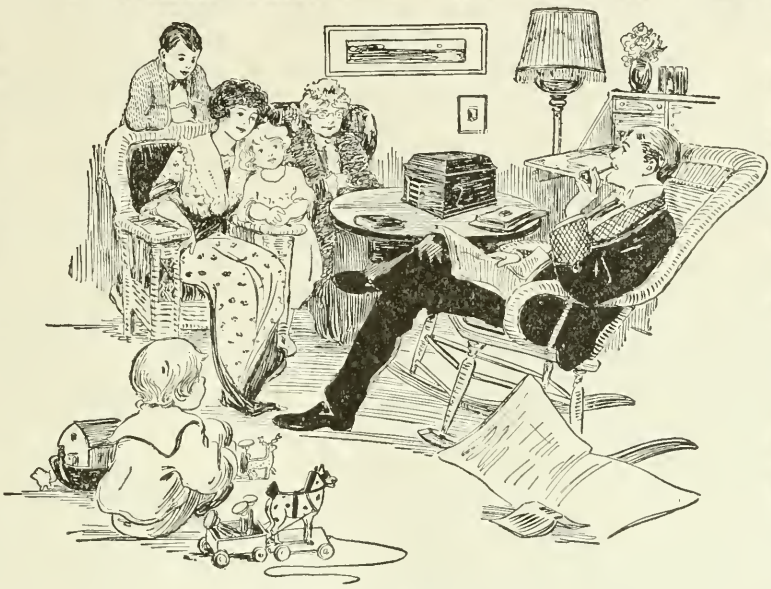
HARDLY another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol.

The most recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proved injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired luster to the intended deceit.

This fraud, which was exposed at an action tried before the Supreme Court of Victoria at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribed. No "just as good" allowed.

The Tuberculous Invalid.

THE pricking of the Friedmann bubble but served to still further confirm and accentuate the vital importance of the well-defined methods of treatment for tuberculosis, that have given such encouraging results, *i. e.*, fresh air, sunshine, rest, nutritive reinforcement and judicious medication. A proper combination of these four remedial factors is practically certain to place the incipient tuberculous invalid upon the road to recovery, if the patient is intelligently handled and the treatment persisted in. While it is, of course, acknowledged that the first three non-medicinal agents referred to constitute the vital elements of the upbuilding régime, considerable aid is afforded by judicious medication. Hematinic reinforcement should certainly not be neglected, in view of the secondary anemia which is almost always apparent. Among the agents which have produced the best results in the revitalization of the blood, Pepto-Mangan (Gude) is the most generally eligible and acceptable. As it is thoroughly palatable, neutral in reaction, free from irritant properties and devoid of constipating effect, the digestion of the patient is not disturbed, while the appetite and general vital tone improve more rapidly and satisfactorily than when hygienic and nutritive measures are depended upon exclusively.



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NOTARY PUBLIC
608
PROFESSIONAL BUILDING

Work on New Lozak Laboratory Begun.

Work has just been started on the new plant for the Lozak laboratory at the northwest corner of Twentieth street and Maryland avenue. The proposed improvements will consist of a two-story structure of reinforced concrete with press-brick facing, and will cost approximately $15,000.

Armen H. Thoumaian, proprietor of the Lozak laboratory, recently acquired from the Lind estate the two large three-story dwellings known as 2001 and 2003 Maryland avenue, which will be connected with the new laboratory. The lower floors of the dwellings will be converted into offices, while the upper floors will be made into apartments.

George A. Gebb has the contract for the improvements, which call for one of the most modern and up-to-date plants of its kind in the country.

The plant has heretofore been located on Charles street, between North avenue and Twentieth street, but it was found necessary to locate elsewhere since that property has been acquired as portion of the site for the new Fourth Regiment Armory.

Enlarged Field of Ipecac Therapy.

SINCE the introduction of Alcresta Tablets of Ipecac (Lilly), a preparation that makes it possible to administer large doses of the ipecac alkaloids by mouth, reports from various sources indicate its value in several diseases. It has been used with excellent results by several physicians of note in the treatment of anemia, gastritis and urthritis due to pyorrhea, and reports also tend to confirm its indications in typhoid fever, hemorrhages of a capillary character, tonsilitis and bronchitis.

Alcresta Tablets of Ipecac first came into prominence in the treatment of pyorrhea and amebic dysentery, for which they are said to be a specific. In prescribing the tablets for the former malady it should be borne in mind that the best results will be obtained by recommending the patient to a dentist for proper cleaning of the teeth. It is interesting to note that pyorrhea is often complicated with other diseases and that these complications have often been ameliorated or entirely relieved after the administration of Alcresta Tablets of Ipecac.

Statements of marvelous cures have not been uncommon, and while many of the claims sound extravagant, investigations in many instances have proven interesting and will assist materially in marking out the true field of ipecac therapy.

Eli Lilly & Co. of Indianapolis are endeavoring to learn the true status of ipecac in the treatment of disease and will welcome reports of the success or failure from the readers of the MARYLAND MEDICAL JOURNAL.

The Value of Glyco-Thymoline in Treating Intestinal Disturbances.

The condition of the alimentary canal in all diseases of that tract is one of either congestion or depletion of the villi.

Autointoxication follows a condition of depletion, and while this condition is not the direct cause of the "self-poisoning," the restoration to normal conditions would undoubtedly prevent septic absorption.

The condition in diarrhoeal diseases is one of stasis with a great amount of exudation of serum, the villi being greatly distended.

In either case a return to normal conditions is most readily effected by an agent producing an exosmotic action—in the one case to deplete, and in the other to promote the exudation necessary to wash out the intestines and prevent autoinfection.

That Glyco-Thymoline will do this effectively has been demonstrated time and time again, and many clinical reports from many physicians testify to its great power as a curative agent in all such cases.

ANTIPHLOGISTINE provides the best, most agreeable and convenient known means of supplying continuous moist heat, in all inflammations. This can be maintained for 24 hours or longer, at a uniform temperature. Ordinary poultices soon become cold, clammy and uncomfortable to the patient and lose any remedial effect they may have had, before becoming cold.

A CHICAGO physician reports: "Some time since a young lady patient of mine, learning that her mother, who lives in New York, was so very ill from neuralgia and general prostration that the case was considered alarming, as no relief could be obtained except from the use of narcotics, asked my advice, and I told her that while I was not at liberty to interfere, if her doctor was willing, she should try Tongaline. I have just learned that the mother did so, and is now so much improved as to be able to go to the Adirondack Mountains to recuperate."

Corpora Lutea.

That Corpora Lutea is a therapeutic agent of great value in the treatment of certain diseases and conditions peculiar to women is now an established fact. It is known that functionally the corpus luteum sustains a more or less important relation to ovulation, menstruation, nutrition of the genitalia, lactation, etc. Perversions of these functions, as seen clinically, are often susceptible of correction by the administration of corpora lutea from animals in properly prepared form. For this vicarious therapy the ovaries from cattle and swine are procured and the corpora lutea removed, dried and powdered. This material is supplied by Parke, Davis & Co. in capsules of five grains each, equivalent to about 30 grains of fresh corpus luteum. The usual dose is one capsule three times daily, taken at least an hour before meals.

Corpora Lutea, P. D. & Co., has proved advantageous in the treatment of functional amenorrhea, dysmenorrhea of ovarian origin, manifestations of physiologic or artificial menopause, neurasthenic symptoms during menstrual life, sterility not due to infection or mechanical obstruction, loss of one ovary and inadequate functioning of the other, repeated abortions not due to diseases or mechanical factors, hyperemesis in the early months of pregnancy and migraine occurring during the menstrual period.

As one writer has well said, it seems highly probably that "in corpora lutea we have an agent that will prove a blessing to womankind."

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Located in the very heart of the city at Twenty-ninth street and Broadway; five minutes' walk to the New York Post-Graduate Medical School and eight minutes, surface car, to the Polyclinic Medical School; three minutes from five of the largest department stores; six minutes from twenty of the principal theaters; the elevated and subway stations conveniently accessible; Hudson Tubes and Fifth avenue busses two blocks away.

The Breslin is a high-class house with the most moderate rates in the city of New York. A real homelike hostelry with every modern comfort and convenience—catering only to the best people. The spacious lobby, fitted with luxurious, easy chairs, is inviting to the tired shopper or sightseer. The quiet air pervading the whole is conducive to a homelike atmosphere found nowhere else in New York City. The culinary department is under the supervision of an expert chef—an artist and past-master in the preparation of good things to eat. The Dixie Room is noted as the best place in New York City to get real old-fashioned Southern cooking. The Breslin serves a Dixie dinner for a dollar which cannot be equaled. The service in every department is pleasing and satisfactory. Rooms with running water from $1 to $2. With bath or shower from $1.50 to $3.

Everything new and modern, equipped to satisfy the most exacting taste. Enquiries cheerfully answered by Mr. Roy L. Brown, Manager, Hotel Breslin, New York City.

An Efficient Somnifacient.

The great disadvantage attaching to most agents used to produce sleep is that the patient suffers from their untoward effects. This does not apply to Pasadyne (Daniel) in any manner at all, and yet it possesses somnifacient properties in a marked degree.

Pasadyne (Daniel) may be depended upon to fulfill the purpose for which it is given, and owing to its freedom from disagreeable properties, it is of special value in the nervousness and insomnia of women.

A sample bottle may be had by addressing the laboratory of John B. Daniel, Inc., Atlanta, Georgia.

Cod Liver Oil in Chlorotic Children.

It has been found by actual clinical test that the administration of a palatable cod liver oil product is of the utmost advantage in building up chlorotic children. For this purpose Cord. Ext. Ol. Morrhuae Comp. (Hagee) is of particular merit since it not only possesses the qualities requisite in overcoming an impoverished condition of the bloodstream, but is palatable and does not disturb the stomach, for which reasons it may be continued over long periods of time.

Antiphlogistine is a physiological antagonist of the inflammatory process—deep-seated or superficial. It produces marked osmotic action upon the swollen tissues, thus relieving congestion because of its hygroscopic, hydrophilic properties. It is antiseptic, soothing and promptly effective.

The After Care of Children's Ills.

With the advent of schooldays and the daily association of many children in the classroom, the contagious diseases of childhood develop and multiply. The exanthemata, as well as diphtheria, whooping-cough, etc., comprise a considerable proportion of the diseases that the family physician is called upon to treat during the late fall and winter months. The robust child, with but a mild infection, frequently recovers quickly and, perhaps, requires but little attention during the convalescent period, while the child whose general nutrition is "below par" usually emerges from the acute attack with a condition of anemia and general vital depreciation. In the large majority of cases it is undoubtedly wise to encourage and hasten convalescence by means of a palatable and efficient hematinic and general tonic. For this purpose Pepto-Mangan (Gude) is especially valuable. All children like it and take it readily; it does not irritate the digestive organs, but, to the contrary, increases the appetite and assists in the absorption and assimilation of the child's nourishment. As it is non-astringent, it does not, as other ferruginous remedies do, cause or increase constipation. As Pepto-Mangan is prompt and efficient as a blood builder and general reconstructive, it should be preferred among children whenever medication of a general tonic nature is indicated.

FEDERAL ANTI-NARCOTIC LAW

AND

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The composition of Glyco-Heroin (Smith) is not being changed to meet any of the exemptions or privileges allowed under the so-called "Harrison Anti-Narcotic Law" and whereby it might be sold to the public.

Glyco-Heroin (Smith) will remain just what it always has been and just what it was always intended to be, viz: a stable, uniform and dependable product for the convenience and use of physicians only, in the treatment of Cough, Bronchitis, Whooping Cough, etc.

In prescribing Glyco-Heroin (Smith) use ordinary prescription blanks. Give the name and address of patient, your own name and address in full, your registry number and date when written, (no copy or other record required.)

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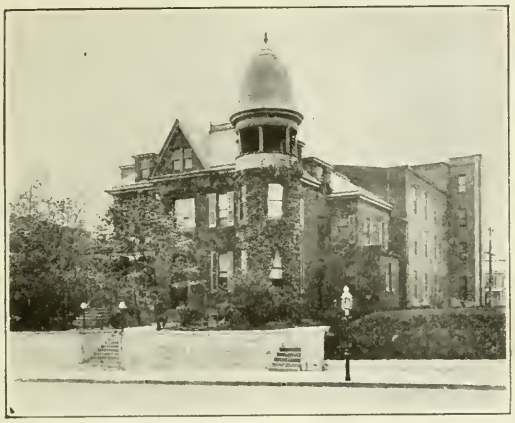

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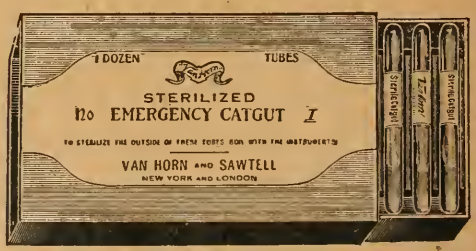

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